

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.  
pm 5-19  
2008 MAY 21 AM 10: 25

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Michael J. Reasoner

Political Party (if applicable)

Democratic

Office Sought

State Representative

District (if Senate or House)

95

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

1343

to page

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mike Reasoner

**SIGNATURE OF PERSON FILING REPORT**

641-782-2693

**TELEPHONE**

5-18-08

**DATE SIGNED**

I AM FILING A May 19, 2008

(report date)

REPORT FOR (1) **ELECTION** / (2) **NON-ELECTION YEAR**.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 12,339.40

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

6,383.28

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** ..... \$ 18,722.68

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

7,653.83

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 11,068.85

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

0.00

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-2-08	ID# CK#	Craig Christensen 623 290th Street Ogden, Iowa 50212		\$ 100.00	<input type="checkbox"/>
1-2-08	ID# CK#	Mark McCulley 425 Aspen Ridge Ames, Iowa 50010		200.00	<input type="checkbox"/>
1-2-08	ID# CK#	David Moody 58404 200th Street Nevada, Iowa 50201		300.00	<input type="checkbox"/>
1-2-08	ID# CK#	Ron Juergens 22224 220th Street Carroll, Iowa 51401		300.00	<input type="checkbox"/>
1-2-08	ID# 1343 CK# 1065	Midwest PAC 1636 NW 114th Street Clive, Iowa 50325-7071		500.00	<input type="checkbox"/>
1-7-08	ID# 9659 CK# 1483	Federation of Iowa Insurers PAC P.O. Box 1756 Des Moines, Iowa 50306-1756		200.00	<input type="checkbox"/>
1-7-08	ID# 8519 CK# 3761	Chicago & NE Illinois Dist. Council of Carpenters 12 East Erie Street Chicago, IL 60611		500.00	<input type="checkbox"/>
1-7-08	ID# 6082 CK# 1306	MidAmerican Energy Effective Gov't Committee 666 Grand Avenue Des Moines, Iowa 50303-0657		500.00	<input type="checkbox"/>
1-9-08	ID# CK#	Steven Schoenebaum 1671 NW 132nd Street Clive, Iowa 50325		200.00	<input type="checkbox"/>
1-9-08	ID# 8045 CK# 2337	Coca-Cola Ent. Employee Nonpartisan Comm. P.O. Box 723040 Atlanta, GA 31139-0040		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 3,050.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS



CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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1-9-08	ID# 6146 CK# 1748	Homebuilders Association PAC 3072 104th Street Urbandale, IA 50322		\$ 250.00	<input type="checkbox"/>
1-10-08	ID# CK#	David Palmer 213 SW Flynn Drive Ankeny, Iowa 50023		50.00	<input type="checkbox"/>
1-10-08	ID# 6001 CK# 4570000155	Allied Group and Farmland PAC 1100 Locust Road Des Moines, Iowa 50391		250.00	<input type="checkbox"/>
1-11-08	ID# 6125 CK# 2698	Iowa Realtors PAC 1370 NW 114th Street, #100 Clive, Iowa 50325		1,000.00	<input type="checkbox"/>
1-11-08	ID# 8524 CK# 1884	Baxter Healthcare PAC 1501 K Street NW, Suite 375 Washington, DC 20005		400.00	<input type="checkbox"/>
1-12-08	ID# 6449 CK# 1397	Great Plains Laborers' District Council Iowa PAC 5806 Meredith Drive, Suite B Des Moines, IA 50322		300.00	<input type="checkbox"/>
1-12-08	ID# 9758 CK# 1008	Laborers' Local Union #566 PAC 1305 East Mary Street, Suite A Ottumwa, IA 52501-5245		400.00	<input type="checkbox"/>
1-13-08	ID# 9698 CK# 645	Iowa Association of Mortgage Brokers-PAC 4949 Westown Parkway Ste 165-111 West Des Moines, IA 50266-6702		150.00	<input type="checkbox"/>
5-10-08	ID# 6070 CK# 3609	Iowa LawPAC 521 East Locust Street, 3rd Floor Des Moines, IA 50309-1939		500.00	<input type="checkbox"/>
1-7-08	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int.	9.17	<input type="checkbox"/>

SUB-TOTAL

\$ 3,309.17

TOTAL (if last page of this schedule)

\$

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Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2-4-08	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int.	\$ 9.02	<input type="checkbox"/>
3-3-08	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	6.24	<input type="checkbox"/>
4-7-08	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	5.40	<input type="checkbox"/>
5-5-08	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	3.45	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 24.11	
TOTAL (If last page of this schedule)				\$ 6,383.28	

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Page 3 of 3  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-4-08	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	\$ 52.00
2-18-08	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	65.92
2-21-08	ID# CK#	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	Donation	5,000.00
2-21-08	ID# CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321	Donation	1,000.00
3-4-08	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	170.52
3-9-08	ID# CK#	Carter Printing 1739 East Grand Avenue Des Moines, Iowa 50316	Post Cards	95.40
3-11-08	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	792.00
3-31-08	ID# CK#	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	Donation	50.00
SUB-TOTAL				\$ 7,225.84
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-14-08	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	\$ 18.06
4-25-08	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	15.52
5-14-08	ID# CK#	Mike Reasoner 702 New York Avenue Creston, Iowa 50801	Mileage 781 x .505 = 394.41	394.41
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 427.99
TOTAL (if last page of this schedule)				\$ 7,653.83

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)